BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION REC	ORD
Effective October 1, 2004	

Application or Docket Number

10/784144

(Column 1) (Column 2)							SKALL ENTITY			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			T		1	Jun e 1	} ·	RATE	FEE	- OS		,
FOR.			4111000				1			4	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 395.0	OB	BASIC FEE	790.00
TO	OTAL CHARGE	EABLE, CLAIMS	m	minus 20= *		•		X\$25		OR	X501=.	
 	DEPENDENT		minus 3 =					X top=		OR	X200=	
MI	JETIPLE DEFE	ENDENT CLAIM		·	<u>.</u>		+150=		OR	+300=		
* {	the difference	e in column 1 is	s less than a	ss than zero, enter "0" in column 2				TOTAL	1	OR	TOTAL	
	. (CLAIMS AS	AMENDE	ED - PART II				:	<u> </u>	-3	OTHER	THAN
		(Column 1)	· • · · · · · · · · · · · · · · · · · ·	(Column 2) (Column 3)				SMALL	ENTITY	OR	SMALL	
AMENDMENTA	214lo5	CLAIMS REMAINING AFTER AMENDMENT		HIGH NÚME PREVIO PAID I	SER SUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	20	Minus	- 2	0	=		X5=	/	OR	X\$50=	/
AME	Independent	ENTATION DE M	Minus	DEPIDE LE	<u>3</u>	=	·	X140	/	OR	X200=	/
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+150=	U	OR	4360=	
							Ĺ	TOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)								DON. FEE		-4	ADDII. PEEI	
ENT B	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID P	IST ER USLY	PRESENT EXTRA		RATE.	ADDI- TIOKAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	4	Minus	K-±		=		X.15 =		OR	XS{S}=	
ME	Independent	#	Minus	844		=	į.	X 100=		i	V2M-	
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		OR	X200=	
								+150=		OR	+300=	
							Al	TOTAL DOT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colum	n 2)	(Column 3)		•				
AMENDMENT C		CLAIMS REMAINING AFTER - AMENOMENT		HIGHE NUMBI PREVIOL PAID FI	ST ER JSLY	PREȘENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL ,FEE
S S	Total .	*	Minus ·	44		=		X25'=		OR	X\$50=	
#	Independent	•	Minus	***	·	=	1	×100 =		OR	X200:	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 1150=										OR	+300=	
II	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter """							TOTAL OIT. FEE		OB.	TOTAL DOIT, FEE	
	the "Highest Num he "Highest Num	fiber Previously Pa ber Previously Pai	td For (Notal or	S SPACE IN	less than	3 enter-		•	opriate box	^		